

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

301 State House  
(317) 232-9855

**FISCAL IMPACT STATEMENT**

**LS 7953**

**BILL NUMBER:** HB 1727

**DATE PREPARED:** Feb 3, 2001

**BILL AMENDED:**

**SUBJECT:** Medicaid and Uninsured Parents Program.

**FISCAL ANALYST:** Alan Gossard

**PHONE NUMBER:** 233-3546

**FUNDS AFFECTED:**

**X**  
**X**

**GENERAL**  
**DEDICATED**  
**FEDERAL**

**IMPACT:** State

**Summary of Legislation:** This bill establishes the Uninsured Parent's Program (UPP) within the Office of the Secretary of Family and Social Services (FSSA) to provide health insurance coverage to certain uninsured individuals. The bill provides eligibility requirements that an individual must meet in order to enroll in the program, including having an annual income of at least 26% but not more than 100% of the federal income poverty level. The bill also provides that providers enrolled under the Medicaid program are considered providers for the program. The bill repeals the Hospital Care for the Indigent (HCI) program. It also provides for funding of the Uninsured Parents Program and makes changes to the Medicaid disproportionate share hospital payment structure.

**Effective Date:** July 1, 2000 (retroactive); January 1, 2001 (retroactive); June 30, 2001; July 1, 2001; July 1, 2002; July 1, 2003.

**Explanation of State Expenditures:** This bill establishes the Uninsured Parent's Program (UPP) to provide health care to an anticipated 43,000 parents with incomes between 26% and 100% of the federal poverty level. (The eligibility requirements provided in the bill currently represent incomes ranging from \$4,433 to \$17,050 for a family of four.) The benefits included in the UPP program are inpatient and outpatient hospital services, physicians' services, laboratory and x-ray services, and emergency medical services. No new General Fund expenditures are anticipated. The program would require obtaining federal approval for an 1115 waiver in the Medicaid program. In addition, the program is not an entitlement. Eligibility parameters may be adjusted to reflect the costs of the program, the number of eligible individuals, and the available program resources.

***Funding of UPP:*** The total expenditures for the UPP program are expected to reach \$110.5 M annually by FY 2004. The program is not an entitlement program, but would be limited by the availability of funding. The bill provides for funding of the UPP program by (1) eliminating the Hospital Care for the Indigent (HCI) program, but devoting the proceeds of the HCI property tax levy to the UPP program; and (2) taking advantage of increased federal allowance for reimbursement under the Municipal Hospital Shortfall program.

These are funds that would under current programs be designated for hospitals. No new General Fund expenditures are anticipated.

The HCI program that currently provides emergency medical services for the indigent population is eliminated by the bill. The HCI property tax levy that currently funds HCI add-on payments is, instead, redirected to the State UPP Fund for use in funding the UPP program. (HCI dollars currently funding the regular Medicaid program and the Medicaid Disproportionate Share Hospital program are to remain unchanged.) The HCI levy available for matching federal funds for the UPP program are about \$21.1 M annually.

The second source of funds available for the UPP program are made available from a recent change in federal regulations that increase the upper payment limit to hospitals in the Municipal Hospital Shortfall program by 50%. The additional amounts are to be forwarded to the State UPP Fund through intergovernmental transfers and are anticipated to amount to about \$23.9 M annually.

The total amount available from the two sources, about \$45.0 M, can be used as the state match for expenditures in the UPP program. Based on a federal financial participation rate of about 62%, total funds available for expenditure in the UPP program are about \$118.5 M annually.

Annual growth in national health expenditures for hospital care and physician services is projected by the Health Care Financing Administration to be 5.6% to 5.8% by 2004. The most recent 3-year statewide average assessed value growth quotient for the HCI levy is about 5.1%. There is no anticipated growth in the dollars available from the Municipal Hospital Shortfall program. (Consequently, the aggregate annual increase in funds based on funding shares is about 2.4%.) However, according to the bill, program eligibility requirements may be adjusted if needed to reflect costs of the program and the available resources.

**Explanation of State Revenues:** See Explanation of State Expenditures, above, regarding federal financial participation in the Medicaid program.

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:** See Explanation of State Expenditures, above.

**State Agencies Affected:** Family and Social Services Administration.

**Local Agencies Affected:** Municipal Hospitals.

**Information Sources:** Tim Kennedy (Hall, Render, Killian, Heath, and Lyman), (317) 633-4884; Kathy Gifford, OMPP, (317) 233-4455.